Only

PAGE 1 / 21 =

FEC FORM 1			RGAN		_						0#:		Na.			•
NAME OF COMMITTEE (in	· full)		neck if name		nple: If typir	ng, type	_	12E	E41	M5	Опісе	Use C	nly			_
	·		changed)	over	the lines.											
Georgia Re	public	can Par	ty Inc.													
ADDRESS (number a	nd street)	PO Box 55	0008													
(Check if a is changed			1 1 1 1													
io oriangoo	•/	Atlanta	1 1 1 1	1 1 1 1	1 1 1 1	1 1		GA		3	30355	-2508	-	L	1 1	
		CIT	Y A				1	STAT	ΕΔ	_		Z	<u>I</u> IP C	ODE 4		_
COMMITTEE'S E-MA	AIL ADDRE	SS														
(Check if a is changed		karen@	gagop.org													
	-,	Optional S	econd E-Mai	l Address												
		www.gagor	o.org													
2. DATE 1			022													
3. FEC IDENTIFIC	CATION N	JMBER ▶	С	C00150672	2											
4. IS THIS STATEM	MENT	NEW (N) OF	R X	AMEN	DED (A)										
I certify that I have e	examined th	nis Statement	and to the	best of my k	nowledge a	and belief	f it is	true,	corr	ect a	ınd co	omplet	e.			
Type or Print Name	of Treasure	r Brannan, c	loseph, , ,													
Signature of Treasure	er <i>Brani</i>	nan, Joseph, , ,			[Electronical	lly Filed]	С)ate	IV	12	′ [02] ′ [202		
NOTE: Submission of	false, erron		nplete informa IGE IN INFO									nalties	of 52	. U.S.C	C. §301	09
Office Use					For further in Federal Electron Toll Free 800	tion Comm		tact:				EC I				_

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the ca	andidate information below.)
(b) This committee is an authorized committee, and is NOT a principal of information below.)	campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and is NOT a	
Name of Candidate	
Party Committee:	
(d) This committee is a STA (National, State or subordinate) committee of the	(Democratic, ne REP Republican, etc.) Party
Gr Substantate) Seriminates et al	Topublican, cic.) Farty
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected or	rganization on line 6.) Its connected organization is a:
Corporation Corporation w/o Cap	ital Stock Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify s	enonsor on line 6)
_	
(g) This committee is an independent expenditure-only political committee	e (Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and no	on-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	d disk
(i) This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized con	·
(j) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee	·
Committees Participating in Joint Fundraiser	
1.	C

	FEC Form 1 (Revised 0	2/2009)		Page 3
V	rite or Type Committee Name	Nicon Dorth / Inc		
<u> </u>		Dlican Party Inc.	ng Representative, or Leader	ship PAC Sponsor
	Truist Bank			1
	Mailing Address	5 Church Circle		
		Annapolis	MD 21401-	1926
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fu	undraising Representative	Leadership PAC Sponso
	_		_	
7.	Custodian of Records: Identi	ify by name, address (phone number optional) and p	position of the person in possess	sion of committee
	Hentschel,	Karen, , ,		
	Full Name			
	Mailing Address	3095 Balearic Dr SE		
		Marietta	GA 30067-	5403
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼		- · · · · -	
	Custodian of Records	Teleph	none number 770 - [818
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasur assistant treasurer).	er of the committee; and the n	ame and address of
	Full Name Brannan, Jo	oseph, , ,		
	of Treasurer			
	Mailing Address	1811 Park Dr		
		Columbus	GA 31906-	3561
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Teleph	none number 706	575 9621

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Brannan, Joseph, , ,	
Mailing Address	1811 Park Dr	
	Columbus	GA 31906-3561
Title or Position	CITY ▲	STATE ▲ ZIP CODE ▲
Treasurer		phone number 706 - 575 - 9621
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the xes or maintains funds.	e committee deposits funds, holds accounts, rents
Name of Bank, D	Depository, etc.	
	Synovus	
Mailing Address	10446 Alpharetta Street	
	Roswell	GA 30075
	CITY ▲	STATE ▲ ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	BB&T	
Mailing Address	1909 K Street NW	
	Washington	DC 20006 -
	CITY ▲	STATE ▲ ZIP CODE ▲

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A
Transaction ID:

We are amending our Form 1 for new Joint Fundraising Reps 2022 Georgia Victory Committee and Schmitt Walker Georgia Victory Fund 2022.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

1.		FEC ID number	C
2.			
3.		FEC ID number	C
4		FEC ID number	[C]
	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponso
Trump Victory			
Mailing Address	138 Conant St		
	c/o Red Curve Solutions		
	Beverly	MA	01915-1666
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee X Joint F	undraising Representa	Leadership PAC Spo
Connected	Organization Affiliated Committee	undraising Representa	Leadership PAC Spor
Connected Designated Agent: Identify		rundraising Representa	Leadership PAC Spor
Connected Designated Agent: Identify Full Name		rundraising Representa	Leadership PAC Spor
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Connected Designated Agent: Identify Full Name	by name, address (phone number – optional) CITY	STATE A	Leadership PAC Sport
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional) CITY		
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY Tele ies: List all banks or other depositories in which th	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	by name, address (phone number – optional) CITY Tele ies: List all banks or other depositories in which th	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Chain I	by name, address (phone number – optional) CITY CITY Tele ies: List all banks or other depositories in which the ntains funds.	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mathematical mathematical propository, etc.	by name, address (phone number – optional) CITY CITY Tele ies: List all banks or other depositories in which the intains funds. Bridge Bank	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mathematical mathematical propository, etc.	by name, address (phone number – optional) CITY CITY Tele ies: List all banks or other depositories in which the intains funds. Bridge Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	g Participant:		
(9)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.			<u> </u>
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	pising Representative	or Leadershin PAC Sponsor
0.	Take Back The H		nonig riepresentative	, or Ecuacionip 1 Ao oponion
	Mailing Address	PO Box 30844		
	Mailing Address			
				20001.0011
		Bethesda	MD	20824-0844
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
			1 1 1	
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	V GITT Z	SIAIL	ZIF GODE A
		Tel	lephone Number	
9.		ries: List all banks or other depositories in which taintains funds.	he committee deposit	s funds, holds accounts, rents
9.	safety deposit boxes or ma	aintains funds.	he committee deposit	s funds, holds accounts, rents
9.	safety deposit boxes or ma		he committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	aintains funds.	he committee deposit	s funds, holds accounts, rents
9.	safety deposit boxes or ma	aintains funds. us Bank	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	aintains funds. us Bank		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	aintains funds. us Bank 10446 Alpharetta Street	he committee deposit	

FEC Form 1S (Revised 02/2017)

1.	ndraising Participar	nt:	FEC	C ID number	С	
2	nected Organizatio		FEC			
3. 4. 4. Name of Any Conr	nected Organizatio			ID number		
4. Name of Any Conr	nected Organizatio		FEC		C	
Name of Any Conr	nected Organizatio			D number	С	
	nected Organizatio		FEC	D number	С	
Perdue Victo		n, Affiliated Committee, Joi	nt Fundraising	Representativ	ve, or Leaders	ship PAC Spons
	ory Inc.		1 1 1 1 1			
Mailing Addres	PO Box 1	2077				
	Atlanta			J GA	30355-2	077
Relationship:		CITY A		STATE A	. :	ZIP CODE ▲
	onnected Organization	Affiliated Committee	Joint Fundrai	sing Represen	tative Le	adership PAC Spo
		_		sing Represen	tative Le	adership PAC Spo
Designated Agent:	Identify by name, a	_		sing Represen	tative Le	adership PAC Spo
Designated Agent:	Identify by name, a	_		sing Represen	tative Le	adership PAC Spo
Designated Agent:	Identify by name, a	_		sing Represen	tative Le	adership PAC Spo
Designated Agent: Full Name	Identify by name, a	address (phone number – op				
Designated Agent:	Identify by name, a	_		sing Represent		adership PAC Spo

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraising	. Participant		
J(g)	1.	, Faiticipant.	FEC ID number	C
			FEC ID number	С
	2.		FEC ID number	C
	3.			
	4		FEC ID number	C
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	824 S Milledge Ave		
	Mailing Address	Ste 101		
		Athens	GA	30605-1332
	Relationship:	CITY A	STATE A	ZIP CODE ▲
			Fundraising Represent	
	Connected	Allillated Committee P 30mit	i unuraising mepresem	Leadership I AC Sporisor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	1 1 1 1 1 1 1	
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY	1	ZIP CODE A
9.	Full Name Mailing Address	CITY A Tel des: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Y	CITY CITY Tel ies: List all banks or other depositories in which tentains funds.	ephone Number	
	Full Name Mailing Address TITLE OR POSITION TO THE PROSITION TO T	CITY CITY Tel ies: List all banks or other depositories in which tentains funds.	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositorisafety deposit boxes or main Name of Bank, Synovu Depository, etc.	CITY CITY Tel ies: List all banks or other depositories in which tentains funds.	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositorisafety deposit boxes or main Name of Bank, Synovu Depository, etc.	CITY CITY Tel ies: List all banks or other depositories in which tentains funds.	ephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1	ng Participant:	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
National Republic	can Senatorial Committee		
Mailing Address	425 2nd Street, N.E.		
, and the second			
	Washington	DC	20002-4914
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
	y by name, address (phone number – optional)		Leadership The S
esignated Agent: Identif			
esignated Agent: Identif			
esignated Agent: Identif			
esignated Agent: Identii Full Name Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identif	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Synov	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Synov	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification of Early depository, etc.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Cus Bank	STATE A	ZIP CODE A
esignated Agent: Identification of Early depository, etc.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Cus Bank	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Sponse
Georgia Victory C	Committee		
Mailing Address	138 Conant St		
	c/o Red Curve Solutions		<u> </u>
	Beverly	MA MA	01915-1665
	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Spo
Connecte			Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee Joint Joint by by name, address (phone number – optional)		Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	d Organization Affiliated Committee Joint by by name, address (phone number – optional) CITY	t Fundraising Representa	
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite deposit boxes or make the safety deposit boxes or	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Bank	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Bank	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Relationship:	Washington					
Connected Org		CITY A		DC STATE		0003-1838 ZIP CODE ▲
Connected Ord		CITY ▲ ffiliated Committee	П	STATE draising Repre		ZIP CODE ▲ Leadership PAC S
Full Name						
L						
TITLE OR POSITION ▼		CITY A		STATE	A	7ID CODE A
TITLE ON FOSITION ¥		···· —		SIAIL	•	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e. or Leadership PAC Spon
Take Back The H	_		,,
Mailing Address	4905 Del Ray Ave		
, and the second	Talent Paymaster, Inc FBO Acct		
	Bethesda	MD	20814-2557
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	ries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir		FEC ID number	С
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		PEC ID Hullibel	O
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Palmetto Peach F	- Fund		
Martin Addition	228 S Washington St		
Mailing Address	Ste 115		
	Alexandria	, , VA ,	22314-
Relationship:	CITY A	STATE A	ZIP CODE A
riciationship.	OH T	SIAIE	ZIF CODE A
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address (phone number – optional) CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the second	y by name, address (phone number – optional) CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 a

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e. or Leadership PAC Spon
	For Georgia Victory Fund		, e
 , , , , , , , , ,			
	900 Circle 75 Pkwy SE		
Mailing Address	Ste 100		
	Atlanta	GA	30339-3075
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number C	
	2.		FEC ID number C	
	3.		FEC ID number C	
	4.		FEC ID number C	
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative, or	Leadership PAC Sponsor
	Take Back The Se	enate		
		PO Box 9891		
	Mailing Address	1 0 000 9091		
		Arlington	VA	22219-1891
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representative	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
	TITLE OF POOLTION	_ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	ı	elephone Number	- -
			septione Number	
9.	Banks or Other Depositor	ies: List all banks or other depositories in which	the committee deposits fur	nds. holds accounts. rents
	safety deposit boxes or ma		·	,
	Name of Bank,			
	Depository, etc.			
	Mailing Address			

FEC Form 1S (Revised 02/2017) for Line

5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected Targeted State Vic	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	310 1st St SE		
		Washington	DC DC	20003-1885
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
			OTATE A	710 0005 ·
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	•		ZIP CODE A
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	Tele	STATE ▲	
9.	Banks or Other Depositor safety deposit boxes or ma	Tele	STATE ▲	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	Tele	STATE ▲	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	Tele	STATE ▲	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin	9		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected Walker Graham M	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	VA	22314-5404
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC Sp
		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify	by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftety deposit boxes or material depository, etc.	ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin	g Participant:				
1.			F	EC ID number	C
2			F	EC ID number	С
3.			F	EC ID number	С
4.			F	FEC ID number	C
	Organization, Affiliate	ed Committee, Join	t Fundraisir	ng Representativ	e, or Leadership PAC Spor
Ga Victory					
Maritim or Antology	PO Box 510707				
Mailing Address					
	Atlanta			CA	31150-
B 1 11 11	Atlanta			L GA	
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
			v		
		liated Committee		draising Represent	ative Leadership PAC S
esignated Agent: Identify				draising Represent	ative Leadership PAC S
esignated Agent: Identify				draising Represent	ative Leadership PAC S
esignated Agent: Identify				draising Represent	
esignated Agent: Identify	by name, address (pl	hone number – opti	onal)		
esignated Agent: Identify	by name, address (pl	hone number – opti	onal)		
esignated Agent: Identify Full Name	by name, address (pl	hone number – opti	onal)		
esignated Agent: Identify Full Name	by name, address (pl	hone number – opti	onal)	STATE A	
Full Name Mailing Address TITLE OR POSITION	v by name, address (pl	hone number – opti	onal)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	v by name, address (pl	hone number – opti	onal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	v by name, address (pl	hone number – opti	onal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	v by name, address (pl	hone number – opti	onal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftety deposit boxes or material depository, etc.	v by name, address (pl	hone number – opti	onal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material depository, etc.	v by name, address (pl	hone number – opti	onal)	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) fo

Mailing Address L Relationship: Connected Or	900 Circle 75 Pkwy SE Ste 100 Atlanta	Y A		FEC ID num FEC ID num FEC ID num FEC ID num Ing Represer	ber C ber C tative, or	
ame of Any Connected Org 2022 Georgia Victory Mailing Address Relationship: Connected Org	900 Circle 75 Pkwy SE Ste 100 Atlanta	Y A	Fundraisi	FEC ID num	ber C	Leadership PAC Spor
ame of Any Connected Org 2022 Georgia Victory Mailing Address Relationship: Connected Org	900 Circle 75 Pkwy SE Ste 100 Atlanta	Y A	Fundraisi	FEC ID num	ntative, or	Leadership PAC Spor
ame of Any Connected Org 2022 Georgia Victory Mailing Address Relationship: Connected Org	900 Circle 75 Pkwy SE Ste 100 Atlanta	Y A	Fundraisi	ing Represer	atative, or	Leadership PAC Spor
Mailing Address Relationship: Connected Or	900 Circle 75 Pkwy SE Ste 100 Atlanta	Y A		G	A	30339-3075
Mailing Address Relationship: Connected Or	900 Circle 75 Pkwy SE Ste 100 Atlanta					
Mailing Address L Relationship: Connected Or	Ste 100 Atlanta					
Mailing Address L Relationship: Connected Or	Ste 100 Atlanta					
Relationship: Connected Or	Atlanta					
Relationship: Connected Or	CIT		 			
Connected Or			3	STAT	TF ▲	ZIP CODE ▲
	ganization Affiliated C	ommittee	7			0022 _
Full Name	name, address (phone nu	umber – optioi	nal)			
Mailing Address						
L		<u> </u>				
1		1 1 1 1 1	1 1 1	. 1 1		l , , , , , l-l ,
TITLE OR POSITION ▼	CITY	A		STATE		ZIP CODE ▲
			Telep	hone Number	. [
anks or Other Depositories used to the deposit boxes or maintal ame of Bank, epository, etc.		epositories in	which the	committee de	eposits fu	nds, holds accounts, rer
Mailing Address						
Maining Address						

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Schmitt Walker G	eorgia Victory Fund 2022		
			1 1 1 1 1 1 1 1
Mailing Address	555 Metro PI N		
Mailing Address	Ste 525		
	Dublin	OH	43017-1342
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connected	d Organization	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depositions.	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	ries: List all banks or other depositories in which	STATE A	ZIP CODE A